

Instructions for Reading Attachments

The following attachments refer to revisions to the Durable Medical Equipment/Supplies Program. Providers can print or download the file or files applicable to their needs. The files are as follows:

- All Equipment/Supplies/Prosthetic Codes sorted by HCPC codes
- Medical Supplies listed alphabetically
- Medical Supplies listed by HCPC codes
- Medical Equipment and Prosthetics listed alphabetically
- Medical Equipment and Prosthetics listed by HCPC codes
- Procedure Code Changes

The above files are suitable for printing. A tab-delimited text file (DMESched.txt), suitable for downloading.

The columns in each attachment provide information regarding the described service/item as follows:

Column 1)	HCPC Procedure Code for Services/Items
Column 2)	Procedure Description
Column 3)	Category of Service 41 = Equipment and Prostheses 48 = Supplies
Column 4)	Prior Approval Indicator N = No prior approval is required; item is purchase only (refer to column 9). Y = Prior approval is required; item is purchase only. R = Prior approval is required; item is rental only. B = Prior approval is required; item will be rented to meet purchase price.
Column 5)	LTC Coverage Indicator Y = The item is not the responsibility of the LTC facility. N = LTC facility is responsible for supplying this item for the patient.
Column 6)	Medicare Part B Coverage Indicator Y = The item is covered by Medicare. Medicare must be billed first. N = The item is not covered by Medicare.
Column 7)	State Maximum Purchase Price
Column 8)	State Maximum Rental Price
Column 9)	Maximum Quantity/Number of Days

If applicable, this reflects the maximum quantity that may be dispensed within the number of days shown. Quantities that exceed the allowable maximum quantity within the period shown will require prior approval.

If there are questions or problems, contact the Bureau of Comprehensive Health Services at (877) 782-5565.